

The Commonwealth of Massachusetts

ANNUAL REPORT

OF THE

**BOARD OF REGISTRATION
OF NURSES**

FOR THE

YEAR ENDING NOVEMBER 30, 1937

DIVISION OF REGISTRATION
DEPARTMENT OF CIVIL SERVICE AND REGISTRATION



BOARD OF REGISTRATION OF NURSES

STATE HOUSE, November 30, 1937

To JAMES J. SUGHRUE, *Director of Registration.*

SIR: The Board of Registration of Nurses respectfully submits its annual report for the year ending November 30, 1937.

FINANCIAL STATEMENT FOR THE FISCAL YEAR

<i>Expenditures</i>		
Salaries of Members of Board		\$1,950.00
General Expenses of the Department		1,990.80
Traveling Expenses		355.95
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		\$4,296.75
<i>Receipts</i>		
1529 Examination Fees @ \$5.00		\$7,645.00
145 Reciprocity Fees @ \$5		725.00
Fees for Certified Statements		429.00
Fees for 1937 Renewals @ 50c each		8,663.61
Fees for 1938 Renewals @ 50c each		191.00
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		\$17,653.61

Financial Statement Verified
Approved

GEO. E. MURPHY,
Comptroller

Since the establishment of the Board in 1910, the fees received from applicants for registration and renewals, and paid into the Treasury of the Commonwealth, amount to \$273,831.98. The expenditures of the Board amount to \$105,505.15. In dollars and cents, therefore, the Commonwealth has received in excess of the total amount expended the sum of \$168,326.83.

The number of nurses registered with examination this year is 1,722. The number registered without examination this year is 118.

The following tabulation shows the examinations for the year 1937:

Date	Number Examined	Number Registered	Number Rejected
January	470	415	55
April	472	419	53
June	165	120	45
October	614	520	94
September 22, 1937	1	1	0
Total	<hr/> 1,722	<hr/> 1,475	<hr/> 247

The following shows the record of registrations granted through interstate endorsement of State Licensure and gives the state in which the applicant has been granted registration:

Connecticut 17; District of Columbia 3; Illinois 7; Iowa 1; Maine 5; Maryland 6; Michigan 1; Missouri 1; Nebraska 1; New Brunswick 1; New Hampshire 7; New Jersey 2; New York 25; Nova Scotia 2; Ohio 4; Ontario 1; Pennsylvania 7; Quebec 2; Rhode Island 19; South Carolina 1; Tennessee 1; Virginia 1; Wisconsin 2; Manitoba 1.

Again, in the past year, supervision of schools of nursing has been one of the major activities of the Board. The surveys revealed deficiencies often not realized by the schools themselves, but the spirit in which the surveys have been made by the Supervisor, Miss Elizabeth E. Sullivan, has resulted in a marked growth in the cordiality of the relationship between the institutions and the Board. The visits have been welcomed by the schools and suggestions and advice have been sought. There is to be noted a distinct improvement throughout the State. There is apparent also a growing sense of solidarity among schools of nursing as they are realizing that light on common problems is to be found by cooperative effort and by sharing in conference the results of individual experience, from which conference may arise suggestions for further individual experiment. Regional conferences of principals and instructors of schools of nursing with representatives of the Board for the consideration of certain common problems may be of great help. Such conferences would be small, informal and much more easily planned and carried out than state-wide conferences.

On the basis of the report on a school made to the Board by the Supervisor, criticisms and recommendations have been made. No school has proved so inadequate that taking it off the approved list was immediately resorted to. Deficiencies found have been set forth and schools have shown a gratifying eagerness to meet the requirements of the Board.

During the year covered by this report three schools of nursing have closed and it seems probable that during the ensuing year four more schools

will be discontinued. In the past year, there were 1380 new students admitted to schools of nursing, and 1249 were graduated. These figures do not give a true picture of the situation, however, for there is always a heavy "mortality" in schools of nursing, because so many candidates who are admitted do not graduate. Also the 1249 graduates include the candidates from the schools which have closed during the year.

Through the work of the Supervisor of schools of nursing, much interest on the part of the directors of educational guidance in the public schools has been aroused, and they have become much better able to advise candidates wisely. Too often it has been found that nursing has been regarded in the high schools as something into which there go girls who seem unfitted to succeed in anything else. That the profession offers opportunity for the best that a woman can give (perhaps for a relatively small number) and for many provides a means of earning a livelihood by useful occupation, and that the training may supply to every woman who takes it, something of information and skill of permanent value, whether she does or does not practice nursing as a profession, is apparently realized by few high school girls. The cooperation of the educational directors especially in Boston has been most gratifying.

While there has been manifest generally an increasing desire on the part of the schools to overcome the many difficulties in the way of giving better education to the nurse, opposition has been voiced by some physicians who claim that it is not wise to attempt to give to all nurses such a comprehensive education as is planned. If the physicians are questioned as to what they want in their own practice, the more intelligent and thoughtful indicate that the major need of their own patients is for nursing service at what has been generally regarded as a lower level than that which requires the highest skill. These physicians are, in fact, merely expressing a view which has been held for years by the best informed and most competent students of nursing education; namely, that the community requires two levels of nursing service, that this fact should be more generally recognized and that provision should be made for the education in appropriate schools and then for control by state licensure of this second group of workers known by various names as attendants, nursing attendants, nursing aides and others.

There is a very large group of patients among those ill with chronic diseases and those convalescing from acute illnesses who do not need the high degree of skill of the registered graduate nurse, whose economic conditions may not be able to meet the cost of the registered nurse, and whose nursing needs will be met by the second grade of nursing service. The considerable number of workers at this lower level existing in the United States, 153,000, (1930 census) indicates the need for them. There are approximately no standards for their training and education and no control over them when they begin their work. The protection of the public demands that they should be controlled.

The Board is not yet prepared to recommend specific legislation, but is convinced that there should be a more wide spread discussion and dissemination of information and arousing of interest so that sound legislation may be proposed. The subject is one which outside of Massachusetts is receiving considerable attention and arousing much interest.

It is not generally realized to what slight degree the problems of nursing education have been attacked in the light of educational procedures in other fields. In the first place, education carried on at the collegiate level no matter what the content of the course. It should not be a mere extension into the school of nursing of high school methods and procedures. In the second place, it is not generally recognized how few teachers in the schools of nursing would be able to meet substantially the requirements of qualification for grade teachers in some of the best public school systems, not to mention the qualifications for teachers of high school rank. Here are fundamental problems demanding attention.

The required evaluation of education credentials before admission to approved schools of nursing has already shown its value and the preservation of such records in the files of the Board will be a great protection to the nurse who later seeks registration in another state. The procedure has been simplified by requiring the filing of high school records in duplicate, one of which is retained by the Board and the other returned to the school of nursing.

The surveys have revealed clearly what was strongly suspected, namely, that schools of nursing are in general far from doing their work well. This has been shown by surveys in other States also, and can be summed up

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briefly by saying that the schools are still in the transition period between using the pupil nurses to do certain work which somehow has to be done in caring for the sick and the position of educational institutions. Some institutions are far ahead in realizing that the change is necessary; in others little real progress has been made.

There is clearly a considerable need for schools of nursing, and it is by no means limited to the large metropolitan hospitals. There is a lower limit in the number of patients below which, if a hospital falls, pupil nurses cannot be given adequate training in handling certain kinds of cases. This clinical experience is absolutely necessary. There is a certain contrast between the history of schools of medicine and the history of schools of nursing. With some exaggeration to be sure, one may say that medical education has moved from the study of books alone toward a well-balanced distribution of effort between books and practice. Nursing has moved from all practice toward a reasonable proportion of books. Neither has become stable and few are willing to say that "reasonable" means a fixed, unvarying proportion as if one were dealing with one of the invariants of physical nature.

There is needed, first, more general realization of the basic fact that the training of a nurse is essentially an educational procedure; second, more general realization that the education of a nurse requires money in addition to that which is given or required for the care of the patients. In general, hospitals are primarily for the care of patients. Only secondarily are they for the education of physicians and nurses, and if they are going to participate in these educational functions, money should be provided for these specific participations.

Often a community is proud of its own hospital and financial support is given by the community. Often too it is proud of its school of nursing connected with the hospital, but less often is financial support provided for the school of nursing. A change in this respect is urgently needed.

The education of nurses is a necessity and the hospitals which have adequate clinical opportunities should consider carefully whether they have not a grave responsibility for educating nurses. Occasionally the hospital looks at the money side only, and continues or gives up a school of nursing because it calculates that the procedure it follows is less expensive for the hospital.

There is needed a review of possible social obligations as to educating the nurse, and if the obligation is clear, money should be sought frankly for this purpose, and its use should be limited thereto.

Little progress has been made in the past year in changing the situation as it concerns care of patients suffering from mental disease by nurses taking undergraduate courses. There is a need for better nursing for the mentally sick. The attendant is perhaps becoming numerically less useful. On the other hand the number of the mentally sick makes the magnitude of the nursing problem impressive. Since the contribution to the training of the nurse, which experience with this class of patients gives, is of such great value it is greatly to be desired that some procedure for taking advantage of it can be devised.

To the problem of how many nurses there should be, with which everyone interested in nursing must feel concerned, no satisfactory answer has been given. The need fluctuates rapidly and greatly. Fortunately for the Board, this problem is outside of its province.

As affecting the general problem of nursing education, there is to be noticed a tendency to try to interest in the school of nursing of a community, persons who are interested in education. This is especially valuable if there is nearby an institution giving education for women at the collegiate level, but every hospital ought to have on its nursing school committee some representative of education possibly the superintendent of schools or a high school principal or teacher of broad outlook. Such a person may be able to make a substantial contribution to nursing education, for, as has been said above, the education of the nurse has been carried on too much in isolation from general education.

On December 17, 1936, Josephine E. Thurlow was re-appointed to the Board.

Respectfully submitted,

WILLIAM A. BRYAN, M. D., *Chairman*
STEPHEN RUSHMORE, M. D., *Secretary*.
MABEL F. BOOTH, R. N.
SISTER MARY PAUL, R. N.
JOSEPHINE E. THURLOW, R. N.